FOR INSTRUCTIONS, SEE BACK OF FORM	GN FORM	
DISCLOSURE SUMMARY PAGE JAN 2 1 20	(Rev. 01/9)	
COMMITTEE NAME (Must be same as on Statement of Organia)	Comm. # _	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	Indexed	CH
IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee		
(8) Support Slate of Candidates		
KAThull Stomet 641-2169-656	D 69	11-269-6560
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DA ⁻	TE SIGNED
Routine Penalties Due For Late Filed Reports Range fr	om \$20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE		
I AM FILING A OCT 19, 2004 REPORT FOR AN/A (1) ELEC		CTION YEAR.
(report date) Indi	icate one 1	
x CHECK IF AMENDMENT TO REPORT DATED OCT 19, 2004	Local Committees, e	nter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	County & Local Com- which election is held	mittees, enter County in
(Tod mast continue to me reports until a Notice of Bissolation is med.)	William clockloss to their	
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is the first report filed.)	\$ <u></u>	5,851.41
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		3,692.68
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
(Schedule H applies to Candidates' Committees only)	ΓAL \$	3,692.68
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	TAL V	3,092.00
Schedule B: Expenditures total (Attach Schedule B)		3,550.00
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	<u> </u>	5,994.09
55 25.67 (Attaon on 6)	······································	3,354.03
UNPAID BILLS (From Schedule D - Attach Schedule D)		
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	_	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00

____ YES ____ NO

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

(including candidate's personal funds)

n Statement of Organization)
n Statement of Organization

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID#	Unitemized Receipt		1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
08/06/04	ID#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
08/20/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
09/03/04	ID#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
			SUB-TOTAL	\$ 26.00	

SUB-TOTAL \$ 26.00

TOTAL (if last page of this schedule) \$

Page	1	of	44
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^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
COMMENT I FF MANAGE	IMUST DE SAINE AS ON STATEMENT OF CHAMIZATION

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE				
Α	MONETARY			
(Rev. 06/97)	RECEIPTS			
X CHECK THIS BOX IF AMENDING FORM				

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
10/01/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
07/23/04	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
09/17/04	ID#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	,
10/01/04	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
07/23/04	ID#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
08/06/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
		I	OUD TOTAL	4 22 22	

SUB-TOTAL \$ 30.00

TOTAL (if last page of this schedule) \$

Page	2	of	44
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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
09/03/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
09/17/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
10/01/04	ID# CIK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	1D# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		. 1.00	
			CUD TOTAL	16.00	

SUB-TOTAL \$ 16.00

TOTAL (if last page of this schedule) \$

Page		3	of _	44
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(including candidate's personal funds)

	X CHECK THIS
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	•

(Rev. 06/97) RECEIPTS

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
08/06/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
08/20/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
09/03/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
09/17/04	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
10/01/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
07/23/04	ID#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
08/06/04	ID#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
09/03/04	ID#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
			CUD TOTAL	¢ 25.00	

SUB-TOTAL \$ 35.00

TOTAL (if last page of this schedule) \$

Page	4	of	44

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
A	MONETARY	
(Rev. 06/97)	RECEIPTS	
X CHECK THIS BOX I AMENDING FORM		

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grimmell, Ia 50112		5.00	
10/01/04	ID#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
07/23/04	ID#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		. 2.50	
08/20/04	ID#	Unitemized Receipt		2.50	
09/03/04	ID#	Unitemized Receipt		2.50	
09/17/04	ID#	Unitemized Receipt		2.50	
10/01/04	CK#	Unitemized Receipt		2.50	
07/23/04	ID#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
08/06/04	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
			SUB TOTAL	ė 20 00	

SUB-TOTAL \$ 30.00

TOTAL (if last page of this schedule) \$

Page	5	of	44
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(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
COMMISSION FEE MAINE	IIVIUST DE Saine as on Statement of Urganizationi

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
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08/20/04	ID#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
09/03/04	CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
09/17/04	CIK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
10/01/04	ID#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.50	
08/06/04	ID# CK#	Unitemized Receipt		1.50	
08/20/04	ID#	Unitemized Receipt		1.50	
09/03/04	ID# CK#	Unitemized Receipt		1.50	
09/17/04	ID# CK#	Unitemized Receipt		1.50	
10/01/04	ID#	Unitemized Receipt		1.50	
			SUBTOTAL	ė 10.00	

SUB-TOTAL \$ 19.00

TOTAL (if last page of this schedule) \$

44

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(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on	Statement of Organization,
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
08/06/04	CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
08/20/04	ID#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
09/03/04	ID#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
09/17/04	ID#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
07/23/04	CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID#	Unitemized Receipt		1.00	
			CUD TOTAL	4 45 44	-

SUB-TOTAL \$ 16.80

TOTAL (if last page of this schedule) \$

Page	7_	of	44
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(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization
	The state of the s

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF ENDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	CK#	Unitemized Receipt		1.00	
07/23/04	ID#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
08/06/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
08/20/04	ID#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
09/03/04	ID#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
09/17/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
10/01/04	ID#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
07/23/04	CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
08/06/04	ID#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
08/20/04	ID#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
			SUB-TOTAL	\$ 40.00	

TOTAL (if last page of this schedule)
any relative making a contribution to the (blood relative) and affinity (relatives by

Page	8	of	44

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE

A MONETARY

(Rev. 06/97) RECEIPTS

X CHECK THIS BOX IF AMENDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
09/17/04	ID#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
10/01/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID#	Unitemized Receipt		. 1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
			SUB-TOTAL	\$ 33.50	

TOTAL (if last page of this schedule) \$
y relative making a contribution to the

Page	9	of	44
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(including candidate's personal funds)

COMMITTEE NAME	(Must be same as or	Statement of Organization,

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/06/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
08/20/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
09/03/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
09/17/04	ID#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
10/01/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
07/23/04	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
08/20/04	ID# CR#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
09/03/04	ID#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
09/17/04	ID#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
			0115 70741		1

SUB-TOTAL \$ 75.00

TOTAL (if last page of this schedule) \$

Page ____10_ of ____44_

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on	Statement of Organization,

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	K THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
07/23/04	ID#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
08/06/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
08/20/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
09/03/04	ID#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
09/17/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
10/01/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
07/23/04	ID#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
08/06/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
· · ·	•		CUR TOTAL	è 41 50	1

SUB-TOTAL \$ 41.50

TOTAL (if last page of this schedule) \$

Page _ · 11 of _ _ 44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC AME	K THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6). Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	ID# CIK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
09/17/04	ID#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
10/01/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		. 5.00	
07/23/04	ID#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
08/06/0 4	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
08/20/04	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
09/03/04	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
09/17/04	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
10/01/04	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
07/23/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
				T	1

SUB-TOTAL \$ 38.00

TOTAL (if last page of this schedule) \$

Page ____12_ of ____44_

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
VERIZON IOWA S	TATE GOOD GOVERNMENT CLUB

SCHEDULE				
A	MONETARY			
(Rev. 06/97)	RECEIPTS			
X CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/06/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
08/20/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
09/03/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
09/17/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
10/01/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 45.00

TOTAL (if last page of this schedule) \$

Page	13	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

Commit iee implies the same as on Statement of Organization	COMMITTEE NAME	(Must be same as on Statemen	nt of Organization
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE

A MONETARY

(Rev. 06/97) RECEIPTS

X CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
08/06/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
08/20/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		, 6.00	
09/03/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
09/17/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
10/01/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		2.50	
08/20/04	ID# CK#	Unitemized Receipt		2.50	
			SUB-TOTAL	44 50	-

SUB-TOTAL \$ 44.50

TOTAL (if last page of this schedule)

Page ____14_ of ____44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)	

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	K THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

09/03/04 ID# Unitemized Receipt 2.50	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
CK#	09/03/04		Unitemized Receipt		2.50	
CK# Unitemized Receipt 2.50	09/17/04	•	Unitemized Receipt		2.50	
O8/06/04 ID# Unitemized Receipt 2.50	10/01/04		Unitemized Receipt		2.50	
CK# Unitemized Receipt 2.50	07/23/04		Unitemized Receipt		2.50	
CK#	08/06/04		Unitemized Receipt		2.50	
CK#	08/20/04		Unitemized Receipt		2.50	
CK#	09/03/04		Unitemized Receipt		2.50	
CK# 07/23/04 ID# Unitemized Receipt 1.00	09/17/04		Unitemized Receipt		2.50	
	10/01/04		Unitemized Receipt		2.50	
	07/23/04		Unitemized Receipt		1.00	_

SUB-TOTAL \$ 23.50

TOTAL (if last page of this schedule) \$

Page ____15 of ____44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same	as on Statement of	Organization)
VERIZON IOWA S	TATE GOOD	GOVERNMENT	CLUB

1	SCHEDULE	
	Α	MONETARY
	(Rev. 06/97)	RECEIPTS
	X CHEC	CK THIS BOX IF INDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

08/06/04 ID# Unitemized Receipt 1.00	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
O9/03/04 ID# Unitemized Receipt 1.00	08/06/04		Unitemized Receipt		1.00	
CK#	08/20/04		Unitemized Receipt		1.00	
CK# CK#	09/03/04		Unitemized Receipt		1.00	
CK# CK#	09/17/04		Unitemized Receipt		1.00	
O8/06/04 ID# Unitemized Receipt 1.00	10/01/04		Unitemized Receipt		1.00	
CK#	07/23/04		Unitemized Receipt		1.00	
CK# 09/03/04 ID# Unitemized Receipt 1.00 CK# 09/17/04 ID# Unitemized Receipt 1.00	08/06/04		Unitemized Receipt		1.00	
CK# 09/17/04 ID# Unitemized Receipt 1.00	08/20/04		Unitemized Receipt		1.00	
05,27,02	09/03/04		Unitemized Receipt		1.00	
	09/17/04		Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

TOTAL (if last page of this schedule) \$

Page <u>16</u> of <u>44</u>

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
09/17/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
10/01/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
07/23/04	ID#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
08/06/04	ID#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
08/20/04	ID#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
			SUB-TOTAL	\$ 23.50	

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

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TOTAL (if last page of this schedule)

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on	Statement of Organization)

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHE	ECK THIS BOX IF IENDING FORM

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

Diane J. Keenan 1228 West St Grinnell, Ia 50112	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	'AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
CK# CK# Grinnell, Ia 50112	09/03/04		1228 West St		2.50	
CK# Grinnell, Ia 50112	09/17/04		1228 West St		2.50	
CK# CK# Grinnell, Ia 50112	10/01/04		1228 West St		2.50	
CK# CK# CK# Grinnell, Ia 50112	07/23/04		255 420th Ave		5.00	
CK#	08/06/04		255 420th Ave		5.00	
CK#	08/20/04		255 420th Ave		5.00	
CK# 255 420th Ave Grinnell, Ia 50112 10/01/04 ID# Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112 07/23/04 ID# Unitemized Receipt 1.00	09/03/04	•	255 420th Ave		5.00	
CK# 255 420th Ave Grinnell, Ia 50112 07/23/04 ID# Unitemized Receipt 1.00	09/17/04		255 420th Ave		5.00	
l	10/01/04		255 420th Ave		5.00	
	07/23/04	-	Unitemized Receipt		1.00	

SUB-TOTAL \$ 38.50

TOTAL (if last page of this schedule) \$

Page _____18__ of _____44__

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same	as on Statement of	Organization)
VERIZON IOWA S	TATE GOOD	GOVERNMENT	CLUB

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
X CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

08/06/04 ID#	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
O9/03/04 ID#	08/06/04		Unitemized Receipt		1.00	
CK#	08/20/04		Unitemized Receipt		1.00	
CK# CK#	09/03/04		Unitemized Receipt		1.00	
10/01/04 ID# Unitemized Receipt 1.00 07/23/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211 08/06/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211 08/20/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211 08/20/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211 09/03/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211 09/03/04 ID# Kimberly K. Kriegel 2.50 09/17/04 ID# Kimberly K. Kriegel 2.50 09/17/04 ID# Kimberly K. Kriegel 2.50	09/17/04		Unitemized Receipt		1.00	
CK#	10/01/04		Unitemized Receipt		1.00	
616 Main St Brooklyn, Ia 52211 08/20/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211 09/03/04 ID# Kimberly K. Kriegel 616 Main St CK# Brooklyn, Ia 52211 09/17/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211 09/17/04 ID# Kimberly K. Kriegel 616 Main St 616 Main St	07/23/04		616 Main St		_ 2.50	
616 Main St Brooklyn, Ia 52211 09/03/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211 09/17/04 ID# Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211	08/06/04		616 Main St		2.50	
616 Main St Brooklyn, Ia 52211 09/17/04 ID# Kimberly K. Kriegel 2.50	08/20/04	-	616 Main St		2.50	
616 Main St	09/03/04	·	616 Main St		2.50	
	09/17/04		616 Main St		2.50	

SUB-TOTAL \$ 17.50

TOTAL (if last page of this schedule) \$

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(for Schedule A)

(including candidate's personal funds)

	WONLTAILT
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF INDING FORM

MONETARY

SCHEDULE

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	

SUB-TOTAL \$ 16.00

TOTAL (if last page of this schedule) \$

Page ____20_ of ____44_

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
VERIZON IOWA ST	TATE GOOD GOVERNMENT CLUB

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
X CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
09/17/04	ID#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
10/01/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		. 1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CIK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
				10.50	1

SUB-TOTAL \$ 18.50

TOTAL (if last page of this schedule) \$

Page 21 of 44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

(Rev. 06/97)	RECEIPTS	
	CK THIS BOX IF INDING FORM	

SCHEDULE

MONETARY

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

Debra E. Lewis 1202 Kim Street S.00 S.00	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
CK#	08/06/04	— 	1202 Elm Street		5.00	
CK# CK# Grinnell, Ia 50112	08/20/04	-	1202 Elm Street		5.00	
1202 Elm Street Grinnell, Ia 50112	09/03/04	-	1202 Elm Street		5.00	
CK#	09/17/04	— 	1202 Elm Street		5.00	
O9/17/04 ID# Unitemized Receipt 2.50	10/01/04		1202 Elm Street		5.00	
CK# 10/01/04 ID# Unitemized Receipt 2.50 CK# 07/23/04 ID# Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157 08/06/04 ID# Susan J. Mc Cain 2.50	09/03/04		Unitemized Receipt		2.50	
CK# 07/23/04 ID# Susan J. Mc Cain 4370 Highway 63, Box 8 CK# Malcom, Ia 50157 08/06/04 ID# Susan J. Mc Cain 2.50	09/17/04		Unitemized Receipt		2.50	
4370 Highway 63, Box 8 Malcom, Ia 50157 08/06/04 ID# Susan J. Mc Cain 2.50	10/01/04		Unitemized Receipt		2.50	
08/06/04 ID# Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157	07/23/04		4370 Highway 63, Box 8		2.50	
	08/06/04	-	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	

SUB-TOTAL \$ 37.50

TOTAL (if last page of this schedule) \$.

Page ____22 of ____44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization	COMMITTEE NAME	(Must be same as or	n Statement of	Organization,
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE			
A	MONETARY		
(Rev. 06/97)	RECEIPTS		
X CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
09/03/04	ID#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
09/17/04	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
10/01/04	ID#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
07/23/0 4	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
			CLID TOTAL	ė 16 00	i

SUB-TOTAL \$ 16.00

TOTAL (if last page of this schedule) \$

Page	23	of	44
		•	

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on	Statement of Organization)
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	1D# CK#	Unitemized Receipt		2.50	
08/06/04	ID#	Unitemized Receipt		2.50	
07/23/04	ID#	Unitemized Receipt		2.50	
08/06/04	ID#	Unitemized Receipt		2.50	
08/20/04	ID#	Unitemized Receipt		2.50	
09/03/04	1D# CK#	Unitemized Receipt		2.50	
09/17/04	ID#	Unitemized Receipt		2.50	
10/01/04	ID#	Unitemized Receipt		2.50	
07/23/04	ID#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
08/06/04	ID#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
			SUB-TOTAL	\$ 30.00	

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

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(for Schedule A)

TOTAL (if last page of this schedule)

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
09/03/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
09/17/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
10/01/04	ID#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID#	Unitemized Receipt		2.50	
08/20/04	ID# CK#	Unitemized Receipt		. 2.50	
09/03/04	ID#	Unitemized Receipt		2.50	
09/17/04	ID# CK#	Unitemized Receipt		2.50	
10/01/04	ID# CK#	Unitemized Receipt		2.50	
		*************************************	SUP TOTAL	ė 35.00	†

SUB-TOTAL \$ 35.00

TOTAL (if last page of this schedule) \$

Page ____25 of ____44__

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be sai	me as on S	Statement of	Organization)
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
08/06/04	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
08/20/04	ID#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
09/03/04	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
09/17/04	CIK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
10/01/04	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		. 1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 19.00

TOTAL (if last page of this schedule) \$

Page _____26__ of ____44__

(for Schedule A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as or	n Statement of	Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
X CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		2.50	
08/20/04	ID# CK#	Unitemized Receipt		2.50	
09/03/04	ID# CK#	Unitemized Receipt		2.50	
09/17/04	ID# CK#	Unitemized Receipt		2.50	
10/01/04	CK#	Unitemized Receipt		2.50	
07/23/04	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		. 5.00	
08/06/04	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	

SUB-TOTAL \$ 27.00

TOTAL (if last page of this schedule) \$

Page _____27_ of ____44_

(for Schedule A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on	Statement of Organization)

SCHEDULE		
A	MONETARY	
(Rev. 06/97)	RECEIPTS	
X CHECK THIS BOX IF AMENDING FORM		

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
09/03/04	1D# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
09/17/04	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
10/01/04	CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
07/23/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
08/06/04	ID#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
09/03/04	ID#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
09/17/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
10/01/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
				1	T

SUB-TOTAL \$ 50.00

TOTAL (if last page of this schedule) \$

Page28	of	44
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^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on	Statement of	Organization)
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	VERIZON	IOWA S	TATE	GOOD	GOVERNMENT	CLUE
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SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
X CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
08/06/04	ID#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
09/03/04	ID#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
09/17/04	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
10/01/04	ID#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
07/23/04	ID#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
08/06/04	ID#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
09/03/04	ID#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
			CLIP TOTAL	ė 25 00	1

SUB-TOTAL \$. 35.00

TOTAL (if last page of this schedule) \$

Page 29 of 44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
VEDIZON IOMA C	TATE COOD COVERNMENT OF IR

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
X CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
10/01/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
	·		SUB-TOTAL	\$ 18.00	

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

TOTAL (if last page of this schedule)

Page 30 of 44

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization,
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SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF INDING FORM

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
		1			

SUB-TOTAL \$ 10.00

TOTAL (if last page of this schedule) \$

Page	31	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must	be same as on Statement of Organization)
VERIZON IOWA STATE	GOOD GOVERNMENT CLUB

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
08/20/04	CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
09/03/04	ID#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
09/17/04	ID#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
10/01/04	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
	<u>-</u>		SUB TOTAL	ė 10 00	1

SUB-TOTAL \$ 19.00

TOTAL (if last page of this schedule) \$

Page 32 of 44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
VERIZON IOWA S	TATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	1D# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID#	Unitemized Receipt		2.50	
08/20/04	ID# CK#	Unitemized Receipt		. 2.50	
09/03/04	ID# CK#	Unitemized Receipt		2.50	
09/17/04	ID#	Unitemized Receipt		2.50	
10/01/04	ID# CK#	Unitemized Receipt		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.25	
08/06/04	ID# CK#	Unitemized Receipt		1.25	
			SUB-TOTAL	s 19.50	

SUB-TOTAL \$ 19.50

TOTAL (if last page of this schedule)

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

Page ____33_ of ___44_

(for Schedule A)

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
VERIZON IOWA ST	TATE GOOD GOVERNMENT CLUB

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

08/20/04 ID# Unitemized Receipt 1.25	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
CK# CK#	08/20/04	— 	Unitemized Receipt		1.25	
CK#	09/03/04		Unitemized Receipt		1.25	
CK#	09/17/04		Unitemized Receipt		1.25	
1421 4th Ave Grinnell, Ia 50112	10/01/04		Unitemized Receipt		1.25	
1421 4th Ave Grinnell, Ia 50112 08/20/04 ID# Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112 09/03/04 ID# Michele L. Sisson 1421 4th Ave CK# Grinnell, Ia 50112 09/17/04 ID# Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112 09/17/04 ID# Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112 10/01/04 ID# Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112 10/01/04 ID# Michele L. Sisson 1421 4th Ave 3.00	07/23/04		1421 4th Ave		3.00	
1421 4th Ave Grinnell, Ia 50112 09/03/04 ID# Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112 09/17/04 ID# Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112 10/01/04 ID# Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112 10/01/04 ID# Michele L. Sisson 1421 4th Ave 3.00	08/06/04		1421 4th Ave		3.00	
1421 4th Ave Grinnell, Ia 50112	08/20/04		1421 4th Ave		3.00	
1421 4th Ave Grinnell, Ia 50112 10/01/04 ID# Michele L. Sisson 3.00 1421 4th Ave	09/03/04		1421 4th Ave		3.00	
1421 4th Ave	09/17/04	— <i>"</i>	1421 4th Ave		3.00	
CK# Grinnell, la 50112	10/01/04	ID# CK#			3.00	

23.00 SUB-TOTAL TOTAL (if last page of this schedule)

Page ____34__ of ___44__

(for Schedule A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

	X CHECK
COMMITTEE NAME (Must be same as on Statement of Organization)	AMEN
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE

A MONETARY

(Rev. 06/97) RECEIPTS

X CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

07/23/04 ID#	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
O8/20/04 ID# Unitemized Receipt 2.50	07/23/04		Unitemized Receipt		2.50	
O9/03/04 ID# Unitemized Receipt 2.50	08/06/04		Unitemized Receipt		2.50	
O9/17/04 ID# Unitemized Receipt 2.50	08/20/04		Unitemized Receipt		2.50	
CK#	09/03/04		Unitemized Receipt		2.50	
CK#	09/17/04	 -	Unitemized Receipt		2.50	
CK# Grinnell, Ia 50112 08/06/04 ID# Kathy V. Stanek PO Box 926 CK# Grinnell, Ia 50112 08/20/04 ID# Kathy V. Stanek PO Box 926 CK# Grinnell, Ia 50112 09/03/04 ID# Kathy V. Stanek PO Box 926 Grinnell, Ia 50112 09/03/04 ID# Kathy V. Stanek PO Box 926 CK# Grinnell, Ia 50112	10/01/04		Unitemized Receipt		2.50	
CK# PO Box 926 Grinnell, Ia 50112 08/20/04 ID# Kathy V. Stanek PO Box 926 CK# Grinnell, Ia 50112 09/03/04 ID# Kathy V. Stanek PO Box 926 CK# PO Box 926	07/23/04	_ - -	PO Box 926		2.50	
O9/03/04 ID# Kathy V. Stanek PO Box 926 Row 926 CK# PO Box 926 CK# 2.50	08/06/04	i	PO Box 926		2.50	
PO Box 926	08/20/04		Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
	09/03/04		PO Box 926		2.50	

SUB-TOTAL \$ 25.00

TOTAL (if iast page of this schedule) \$

Page ____35_ of ____44_

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)	
VERIZON IOWA ST	TATE GOOD GOVERNMENT CLUB	

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
X CHECK THIS BOX AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
10/01/04	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		2.50	
		·	SUB-TOTAL	\$ 16.00	

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

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TOTAL (if last page of this schedule)

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on	Statement of	Organization)
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VERIZON IOWA STATE GOOD GOVERNMENT CLU	В

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
X CHEC	CK THIS BOX IF ENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA' ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID# CK#	Unitemized Receipt		2.50	
09/03/04	ID# CK#	Unitemized Receipt		2.50	
09/17/04	ID#	Unitemized Receipt		2.50	
10/01/04	ID# CK#	Unitemized Receipt		2.50	
07/23/04	ID#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
08/06/04	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
08/20/04	ID#	Marcia Tarvin 5027 Rwy 63 Montezuma, Ia 50171		2.50	
09/03/04	ID# CK#	Marcia Tarvin 5027 Rwy 63 Montezuma, Ia 50171		2.50	
09/17/04	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		. 2.50	
10/01/04	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
	<u> </u>		SUB-TOTAL	\$ 25.00	

SUB-TOTAL \$ 25.00

TOTAL (if last page of this schedule) \$

Page	37	of	44
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^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
VERIZON IOWA S	TATE GOOD GOVERNMENT CLUB

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
X CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
08/06/04	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
08/20/04	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
09/03/04	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
09/17/04	ID#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
10/01/04	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
			OUD TOTAL	10.00	

SUB-TOTAL \$ 19.00

TOTAL (if last page of this schedule) \$

Page	38	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on Statement of Organization)
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
08/06/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
08/20/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
09/03/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
09/17/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
10/01/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
07/23/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
08/06/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
			OUD TOTAL		

SUB-TOTAL \$ 21.00

TOTAL (if last page of this schedule) \$

Page ____39 of ____44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must he same as on	Statement of	Organization
OCHUMI I FF MAINE	INIUSE DE SAINE AS UN	Statement or	Urqanization

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND- RAISER INCOME
08/20/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
09/03/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
09/17/04	ID#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
10/01/04	CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
07/27/04	ID#	Verizon Good Government Club - Tx 816 Congress Ave., Suite 1500 Austin, Tx 78701		1,250.00	
10/12/04	1D# CK#	Verizon Good Government Club - Tx 816 Congress Ave., Suite 1500 Austin, Tx 78701		1,250.00	
07/23/04	ID#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
08/06/04	ID#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
08/20/04	ID#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
09/03/04	ID#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
			SUR TOTAL	6 2 E27 02	

SUB-TOTAL \$ 2,527.92

TOTAL (if last page of this schedule) \$

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(for Schedule A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same	e as on Statemen	t of Organization,
COMMITTEE NAME	(Must be same	e as on Statemen	t of Organization,

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
10/01/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
07/23/04	ID#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
09/17/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
10/01/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
07/23/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
08/06/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
			CUD TOTAL	¢ 24.0¢	T

SUB-TOTAL \$ 34.96

TOTAL (if last page of this schedule) \$

Page ____41_ of ___44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME	(Must be same as on	Statement of Organization)
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
09/03/04	CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
09/17/04	CIK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
10/01/04	ID#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
07/23/04	CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
			SUB TOTAL	ė 26.00	

SUB-TOTAL \$ 26.00

TOTAL (if last page of this schedule) \$

Page <u>42</u> of <u>44</u>

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must	be same as on Statement of	Organization
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
X CHEC	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
08/06/04	CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
08/20/04	ID#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
09/17/04	CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
10/01/04	ID#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		. 2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
·	•		SUB-TOTAL	s 19.00	

SUB-TOTAL \$ 19.00

TOTAL (if last page of this schedule) \$

Page ____43_ of ____44_

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (M	lust be same as on	Statement of	Organization)
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VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
A	MONETARY	
(Rev. 06/97)	RECEIPTS	
X CHECK THIS BOX AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
			SUB-TOTAL	\$ 2.00	

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

Page 44 of 44

(for Schedule A)

TOTAL (if last page of this schedule)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
В	MONETARY
(Rev. 09/97)	EXPENDITURES
	K THIS BOX IF IDING FORM

DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/14/04	ID# CX# 00125	Anne Boyle 420 S. 11th Street Omaha, NE 68508	Public Service Commission General 2004/ne Political Contribution	500.00
09/14/04	ID#	Unitemized Expenditure		500.00-
09/17/04	ID# CK# 00128	The Carroll Committee Danny Carroll 244 400 Th Avenue Grinnell, Ia 50112	State House/legislature/rep General 2004/ia Political Contribution	200.00
08/26/04	ID# CK# 00123	Davitt for House Mark Davitt 611 W Ashland Indianola, Ia 50125	State House/legislature/rep General 2004/id74 Contribution	50.00
09/14/04	ID# CK# 00126	Deerden for State Senate Committee 3113 Kinsey Avenue Des Moines, Ia 50309	State Senate General 2004/ia Political Contribution	50.00
09/17/04	ID# 6038 CK# 00134	Fraise for Senate Eugene Fraise Rt. 1 Ft. Madison, Ia 52627	State Senate General 2004/sd50 Political Contribution	200.00
09/17/04	1D# CR\$# 001.37	Friends for Dix P O Box 220 Shell Rock, Ia 50670	State House/legislature/rep General 2004/ia Political Contribution	500.00
09/14/04	1D# CK# 00124	Gerald Vap-public Sevice Commissioner 1200 North Street Omaha, NE 68508	Public Service Commission General 2004/ne Political Contribution	500.00
			SUB-TOTAL TOTAL (if last page of this schedule)	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	1	of	4

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE		
В	MONETARY	
(Rev. 09/97)	EXPENDITURES	
X CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/14/04	110#	Unitermized Expenditure		500.00-
	CK#		·	
09/17/04	ID# 586 CR# 00133	Gipp for Representative Committee Chuck Gipp 212 High Decorah, Ia 52101	State House/legislature/rep General 2004/ia031 Political Contribution	200.00
09/17/04	ID# CX# 00132	Citizens for Gronstal Michael Gronstal 220 Bennett Ave Council Bluffs, Ia 51503	State Senate General 2004/ia- Political Contribution	200.00
08/26/04	ID# CK# 00121	Huser for State Representative Geri Huser 213 7th Street NW Altocna, Ia 50009	State House/legislature/rep General 2004/ia Contribution	50.00
10/04/04	ID# 9098 CX# 00138	Iowa Democratic Perty 345 Whitmer Parkway Des Moines, Ia 50310	State Political Party General 2004/ia Political Contribution	500.00
09/17/04	ID# CK# 00130	Iverson for Senate Stewart Iverson 3020 Dows- Williams Road Dows, Ia 50071	State Senate General 2004/ia005 Political Contribution	200.00
10/11/04	ID# CK# 00139	Jacobs Committee 808 58th Street West Des Moines, Ia 52339	State House/legislature/rep General 2004/ia Political Contribution	200.00
09/17/04	1D# CK# 00129	Kibbie for Senate P O Box 190 Enmetsburg, Ia 50536	State Senate General 2004/sd04 Political Contribution	200.00
			SUB-TOTAL	\$ 1,050.00
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	2	of	4

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
В	MONETARY
(Rev. 09/97)	EXPENDITURES
X CHECK THIS BOX IF AMENDING FORM	

DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION) .	AMOUNT EXPENDED
08/26/04	1D# CR# 001222	Lundby for Iowa Senate Mary Lundby PO Box 563 Marrion, Ia 52302	State Senate General 2004/ia Contribution	50.00
08/18/04	ID# CK# 00120	Committee to Elect Matt McCoy Matthew McCoy 4720 Woodland Ave. Des Moines, Ia 50320	State Senate General 2004/sd31 Political Contribution	100.00
07/27/04	ID# CK# 00118	Murphy for State Representative Patrick Murphy 155 N Grandview Ave. Dubuque, Ia 52001	State House/legislature/rep General 2004/ia028 Contribution	100.00
09/17/04	00136 CK#	Palmer for State Representative 114 First Ave. E Osksloosa, Ia 50635	State House/legislature/rep General 2004/ia Political Contribution	50.00
07/27/04	ID# CK# 00119	Paul Bell for State Representative 611 E. 17th St. N. Newton, Ia 50208	State House/legislature/rep General 2004/ia Contribution	100.00
09/17/04	ID# CR# 00135	Putney for Senate John Putney 1365 170th Street Gladbrook, Ia 50635	State Senate General 2004/sd20 Political Contribution	100.00
09/17/04	ID# 00131	Republican Party of Iowa 521 E. Locust Street Des Moines, Ia 50309	State Political Party General 2004/ia Political Contribution	500.00
09/14/04	ID# CK# 00127	Red Johnson 1200 North Street Omsha, NE 68508	Public Service Commission General 2004/ne Political Contribution	100.00
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 1,100.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page _____3 of ____4

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

В MONETARY 00/071 EXPENDITURES

COMMITTEE NAME (Must be same as on Statement of Organization)		
STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.		CK THIS BOX I
	(Nev. U3/3/)	LEVEENDITO

DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/14/04	ID#	Unitemized Expenditure		100.00-
-				
			-	
	,		-	
			SUB-TOTAL	\$ 100.0
			TOTAL (if last page of this schedule)	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page	4	of	4
_			

SCHEDULE

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

	For Office	e Use Only
COMMITTEE NAME (Must be same as on Statement of Organization)	Comm.	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	Indexed	KB
	1 1	
IMPORTANT: Indicate type of committee you are reporting for: 2	Comput	er
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates		
Knepy Storner Trasucer 1041-269-656	_	11 - 18 nd
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	<u> </u>	10 - 18-04 DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from	m \$20 to \$8	00
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:		
I AM FILING A OCT 19, 2004 REPORT FOR AN/A (1) ELECT	ION / (2) NON-	ELECTION YEAR.
	ate one 1	a.
	Local Committee	s, enter Date of Election
Sm 10-19		
	County & Local C which election is	Committees, enter County in held
CTATEMENT OF CACILON HAND		
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total		
of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is the first report filed.)	\$	5,851.41
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		2,442.68
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
(Schedule H applies to Candidates' Committees only)		
SUB-TOTA	\L \$	2,442.68
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		4,650.00
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	3,644.09
		
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	0.00
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES NO

FORM

DR-2

(Rev. 01/98)

DISCLOSURE

REPORT

0.00___

(including candidate's personal funds)

DAG ID NUMBER

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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NAME AND ADDRESS OF SOCIETIES

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND- RAISER INCOME
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	1D# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID#	Unitemized Receipt		1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
08/06/04	CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
08/20/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
09/03/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
			SUB-TOTAL	\$ 26.00	

SUB-TOTAL \$ 26.00

TOTAL (if last page of this schedule) \$

Page	of	44
(for	Schedule	A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
10/01/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	2
07/23/04	ID# -	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
08/06/04	ID#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
08/20/04	ID#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
09/17/04	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
10/01/04	ID#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
07/23/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
08/06/04	ID#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A ^A LUCIONA PER LUCIO AL LUCIO ANTO A PER LUCIO A PER	SUB-TOTAL	\$ 30.00	•€

SUB-TOTAL \$ 30.00

TOTAL (if last page of this schedule) \$

Page	2_	of	44

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
09/03/04	ID#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	a
09/17/04	ID#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
10/01/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CIK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
	<u> </u>		CUD TOTAL	16 00	1

SUB-TOTAL \$ 16.00

TOTAL (if last page of this schedule) \$

Page	3	of _	44
(for S	Sched	dule A	.)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
08/20/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
09/03/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
09/17/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
10/01/04	ID#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
07/23/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
08/06/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
09/03/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
			SUB-TOTAL	\$ 35.00	

SUB-TOTAL \$ 35.00

TOTAL (if last page of this schedule) \$

Page	<u>4</u> o	f <u>44</u>
(for	Schedul	e A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
10/01/04	CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		2.50	
08/20/04	ID# CK#	Unitemized Receipt		2.50	
09/03/04	ID# CK#	Unitemized Receipt		2.50	
09/17/04	ID#	Unitemized Receipt		2.50	
10/01/04	1D# CK#	Unitemized Receipt		2.50	
07/23/04	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
08/06/04	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	•
			SUB-TOTAL	\$ 30.00	1

SUB-TOTAL \$ 30.00

TOTAL (if last page of this schedule) \$ -

Page	 5	of	 44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
09/03/04	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	a.
09/17/04	ID#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
10/01/04	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
07/23/04	CK#	Unitemized Receipt		1.50	
08/06/04	ID#	Unitemized Receipt		1.50	
08/20/04	ID#	Unitemized Receipt		1.50	
09/03/04	ID# CK#	Unitemized Receipt		1.50	
09/17/04	ID# CK#	Unitemized Receipt		1.50	
10/01/04	ID# CK#	Unitemized Receipt		1.50	
		****	CLIP TOTAL	ć 10.00	1

SUB-TOTAL	\$	19.00
TOTAL (if last page of this schedule)	\$ ~	

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(for S	Sched	dule A	()

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
08/06/04	CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	a.
08/20/04	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
09/03/04	ID#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
09/17/04	CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
	<u> </u>		SUB-TOTAL	\$ 16.80	

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Page	7	of	44
(for S	Sche	dule A)

TOTAL (if last page of this schedule)

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID# CIK#	Unitemized Receipt		1.00	
07/23/04	ID#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
08/06/04	ID#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
08/20/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
09/03/04	ID#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
09/17/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
10/01/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
07/23/04	ID#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
08/06/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	•€
			SUB TOTAL	ė 40 00	†

SUB-TOTAL \$ 40.00

TOTAL (if last page of this schedule) \$.

Page	8	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	,	
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
09/17/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
10/01/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
	<u> </u>	Lancas and the second s	SUB-TOTAL	\$ 33.50	

SUB-TOTAL \$ 33.50

TOTAL (if last page of this schedule) \$ -

Page	9	of	44
(for s	Sched	dule A	.)

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/06/04	CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
08/20/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	*
09/03/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
09/17/04	ID#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
10/01/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
07/23/04	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grimnell, Ia 50112		2.50	
08/06/04	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
09/17/04	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
			CUR TOTAL	è 75.00	

SUB-TOTAL \$ 75.00

TOTAL (if last page of this schedule) \$ ~

Page _____10__ of ____44__

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
07/23/04	ID#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
08/06/04	ID#	Ellem T. Graff 700 Garfield St Tama, Ia 52339		4.00	
08/20/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
09/03/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
09/17/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
10/01/04	ID#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
07/23/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
08/06/04	ID#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
. '		· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL	s 41 50	† *****

SUB-TOTAL \$ 41.50

TOTAL (if last page of this schedule) \$

Page 11 of 44 (for Schedule A)

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
	CK THIS BOX IF ENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	1D# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
09/17/04	ID#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
10/01/04	1D# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
07/23/04	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
08/06/04	ID#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
08/20/04	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
09/03/04	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
09/17/04	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
10/01/04	ID#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
07/23/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	•€
	<u> </u>		CUR TOTAL	ė 30 00	T

SUB-TOTAL \$ 38.00

TOTAL (if last page of this schedule) \$ ~

Page	12_	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/06/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
08/20/04	ID#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
09/03/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
09/17/04	ID# CIK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
10/01/04	ID#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID#	Unitemized Receipt		1.00	
	1		SUB-TOTAL	s 45.00	

SUB-TOTAL	\$ 45.00
TOTAL (if last page of this schedule)	\$ ~

Page	13	of _	44
(for	Sched	dule A	.)

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
	CK THIS BOX IF ENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR .	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	1
08/06/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
08/20/04	ID#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
09/03/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
09/17/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
10/01/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
07/23/04	ID#	Unitemized Receipt		2.50	-
08/06/04	ID# CK#	Unitemized Receipt		2.50	
08/20/04	ID# CK#	Unitemized Receipt		2.50	**

SUB-TOTAL \$ 44.50

TOTAL (if last page of this schedule) \$.

Page	14	of	44
(for	Sched	dule A	.)

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	ID#	Unitemized Receipt		2.50	
09/17/04	CK#	Unitemized Receipt		2.50	
10/01/04	ID# CK#	Unitemized Receipt		2.50	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID#	Unitemized Receipt		2.50	
08/20/04	ID#	Unitemized Receipt		2.50	
09/03/04	ID#	Unitemized Receipt		2.50	
09/17/04	ID# CK#	Unitemized Receipt		2.50	
10/01/04	ID# CK#	Unitemized Receipt		2.50	
07/23/04	ID#	Unitemized Receipt		1.00	•
	1		SUB-TOTAL	\$ 23.50	

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

Page ____15_ of ____44_

TOTAL (if last page of this schedule)

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB
OTATE CANDIDATES NOTE

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CIK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
			SUB-TOTAL	\$ 10.00	

SUB-TOTAL \$ 10.00

TOTAL (if last page of this schedule) \$ -

Page	16	of	44
(for	Sched	dule A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	2
08/06/04	ID#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
09/17/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
10/01/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
07/23/04	ID# CK#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
	<u> </u>		SUB-TOTAL	\$ 23.50	

SUB-TOTAL \$ 23.50

TOTAL (if last page of this schedule) \$

Page _____17__ of ____44__

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	ID#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
09/17/04	ID# CK#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	i
10/01/04	ID#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
07/23/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
08/06/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
09/03/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
09/17/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
10/01/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
			SUB TOTAL	è 30 E0	

SUB-TOTAL \$ 38.50

TOTAL (if last page of this schedule) \$.

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

Page	18	of _	44
(for	Sched	dule A	.)

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
CHEC AME	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID#	Unitemized Receipt		1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
08/06/04	ID#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
08/20/04	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
09/03/04	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
09/17/04	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	•<
	<u> </u>		SUB-TOTAL	s 17.50	

SUB-TOTAL \$ 17.50

TOTAL (if last page of this schedule) \$ -

Page	19	of _	44
(for	Sched	dule A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	ID# CIK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
07/23/04	CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt	V 244 704 10 10 10 10 10 10 10 10 10 10 10 10 10	1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	•<
			SUR-TOTAL	\$ 16.00	1

SUB-TOTAL \$ 16.00

TOTAL (if last page of this schedule) \$

Page 20 of 44 (for Schedule A)

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
09/17/04	ID#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
10/01/04	ID#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	•
			CUR TOTAL	10.50	1

SUB-TOTAL	\$ 18.50
TOTAL (if last page of this schedule)	\$ -

Page	21	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/06/04	CIK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
08/20/04	1D#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
09/03/04	CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
09/17/04	ID#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
10/01/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
09/03/04	ID#	Unitemized Receipt		2.50	
09/17/04	ID# CK#	Unitemized Receipt		2.50	
10/01/04	ID# CK#	Unitemized Receipt		2.50	
07/23/04	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
08/06/04	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	•
	 		SUB-TOTAL	\$ 37.50	

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Page	22	of	44

TOTAL (if last page of this schedule)

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
09/03/04	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
09/17/04	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
10/01/04	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
			CLID TOTAL	16.00	

SUB-TOTAL \$ 16.00

TOTAL (if last page of this schedule)

Page	23	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE			
Α	MONETARY		
(Rev. 06/97)	RECEIPTS		
	CK THIS BOX IF ENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CIK#	Unitemized Receipt		2.50	
08/06/04	ID#	Unitemized Receipt		2.50	a
07/23/04	ID#	Unitemized Receipt		2.50	
08/06/04	ID#	Unitemized Receipt		2.50	
08/20/04	ID#	Unitemized Receipt		2.50	
09/03/04	ID# CK#	Unitemized Receipt		2.50	
09/17/04	ID#	Unitemized Receipt		2.50	
10/01/04	ID#	Unitemized Receipt		2.50	
07/23/04	CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
08/06/04	CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	•€
			SUB-TOTAL	\$ 30.00	T

SUB-TOTAL	\$ 30.00
TOTAL (if last page of this schedule)	\$ _

Page	24	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
CHEC	CK THIS BOX IF INDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
09/03/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	a
09/17/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
10/01/04	ID#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		2.50	
08/20/04	ID# CK#	Unitemized Receipt		2.50	
09/03/04	ID# CK#	Unitemized Receipt		2.50	
09/17/04	ID#	Unitemized Receipt		2.50	
10/01/04	ID# CK#	Unitemized Receipt		2.50	
· · · · · · · · · · · · · · · · · · ·	ha		SUB-TOTAL	\$ 35.00	

TOTAL (if last page of this schedule)

Page	25	of	44

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
CHEC AME	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
08/06/04	ID#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
08/20/04	ID#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
09/03/04	ID#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
09/17/04	CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
10/01/04	CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
07/23/04	CK#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
08/20/04	1D# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
		<u> </u>	SUB-TOTAL	\$ 19.00	•€

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Page _____26__ of ____44__

TOTAL (if last page of this schedule)

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX AMENDING FORM
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		2.50	
08/20/04	ID# CK#	Unitemized Receipt		2.50	
09/03/04	ID# CK#	Unitemized Receipt		2.50	
09/17/04	ID#	Unitemized Receipt		2.50	
10/01/04	ID#	Unitemized Receipt ,		2.50	
07/23/04	ID#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
08/06/04	ID# •	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
	<u> </u>		SUB-TOTAL	\$ 27.00	

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the
committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by
marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no
familial relationship, enter 'not applicable' in the relationship column

Page	27_	of	44
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TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 06/97)

MONETARY

RECEIPTS

(including candidate's personal funds)

(including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		K THIS BOX IF
VERIZON IOWA STATE GOOD GOVERNMENT CLUB		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
09/03/04	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
09/17/04	ID#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
10/01/04	ID#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
07/23/04	ID#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
08/06/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
08/20/04	ID#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
09/03/04	1D# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
09/17/04	ID#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
10/01/04	ID#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
			SUB-TOTAL	\$ 50.00	

SUB-TOTAL \$ 50.00

TOTAL (if last page of this schedule) \$.

Page	28_	of	44

SCHEDULE

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

(including cardidate's personal funds)	(Nev. 00/97) RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
08/06/04	ID#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
08/20/04	ID#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112	98.48-44-44-44-44-44-44-44-44-44-44-44-44-4	2.50	
09/17/04	CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
10/01/04	CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
07/23/04	CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
08/06/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
08/20/04	ID#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
09/03/04	1D# CIK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
<u></u>	· · · · · · · · · · · · · · · · · · ·		SUB-TOTAL	\$ 35.00	. • «

SUB-TOTAL \$ 35.00

TOTAL (if last page of this schedule) \$

Page	29	of	44
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SCHEDULE

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)	(Rev. 06/97) RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CIK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
10/01/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	
09/17/04	CK#	Unitemized Receipt		1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID#	Unitemized Receipt		1.00	
			SUB-TOTAL	\$ 18.00	

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committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by
marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no
familial relationship, enter 'not applicable' in the relationship column.

Page	30	of	44
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TOTAL (if last page of this schedule)

SCHEDULE

(including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF ENDING FORM
VERIZON IOWA STATE GOOD GOVERNMENT CLUB		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID#	Unitemized Receipt		1.00	2
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
	l		SUB-TOTAL	\$ 10.00	•

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TOTAL (if last page of this schedule)

SCHEDULE

(including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
VERIZON IOWA STATE GOOD GOVERNMENT CLUB		

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	ID# CIK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
08/06/04	ID#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	a.
08/20/04	ID# CR#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
09/17/04	ID#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
10/01/04	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID# CIK#	Unitemized Receipt		1.00	•
			SUR-TOTAL	\$ 19.00	

SUB-TOTAL	\$	19.00
TOTAL (if last page of this schedule)	\$ -	

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SCHEDULE

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)	(Rev. 06/97) RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX I	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	1D# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	1.
07/23/04	1D# - CK#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		2.50	
08/20/04	1D# CK#	Unitemized Receipt		2.50	
09/03/04	1D# CK#	Unitemized Receipt		2.50	
09/17/04	ID# CK#	Unitemized Receipt		2.50	
10/01/04	ID#	Unitemized Receipt		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.25	
08/06/04	ID# CK#	Unitemized Receipt		1.25	
	<u> </u>		SUB-TOTAL	\$ 19.50	-

	j.
<u> </u>	
*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the	
committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by	
marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no	

familial relationship, enter 'not applicable' in the relationship column.

Page	33	of	44

SCHEDULE

(including candidate's personal funds)

(including candidate's personal runds)	(Rev. 06/97) RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	CK#	Unitemized Receipt		1.25	
09/03/04	ID# CK#	Unitemized Receipt		1.25	
09/17/04	ID#	Unitemized Receipt		1.25	
10/01/04	CK#	Unitemized Receipt		1.25	
07/23/04	ID#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
08/06/04	ID#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
08/20/04	CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
09/03/04	ID#	Michele L. Sisson 1421 4th Ave Grimmell, Ia 50112		3.00	
09/17/04	ID#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
10/01/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
	7.0		SUB-TOTAL	\$ 23.00	

TOTAL (if last page of this schedule)

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Page	34	of	44
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SCHEDULE

(including candidate's personal funds)		(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) VERIZON IOWA STATE GOOD GOVERNMENT CLUB			K THIS BOX IF NDING FORM
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION	COMMITTEE), L	IST THE PAC IDEN	ITIFICATION

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND- RAISER INCOME
07/23/04	ID#	Unitemized Receipt		2.50	
08/06/04	ID#	Unitemized Receipt		2.50	a
08/20/04	CK#	Unitemized Receipt		2.50	
09/03/04	ID# CR#	Unitemized Receipt		2.50	
09/17/04	ID# CK#	Unitemized Receipt		2.50	
10/01/04	ID# CK#	Unitemized Receipt		2.50	
07/23/04	ID#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
08/06/04	ID#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
			SUR TOTAL	\$ 25.00	

SUB-TOTAL	\$ 25.00
TOTAL (if last page of this schedule)	\$

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SCHEDULE

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
CHEC AME	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
10/01/04	ID#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	2
07/23/04	ID# ·	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Unitemized Receipt		2.50	
08/06/04	ID# CK#	Unitemized Receipt		2.50	
		<u> </u>	SUB-TOTAL	s 16.00	7.2

SUB-TOTAL	\$ 16.00
OTAL (if last page of this schedule)	\$

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Page	36	of	44

(including candidate's personal funds)	(Rev. 06/97) [RECEI	PIS
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS B	
VERIZON IOWA STATE GOOD GOVERNMENT CLUB		
ATATE CANDIDATES NOTE IT A CONTRIBUTION TO PERSON A CALLE DAG (POLITICAL ACTION	ON COMMITTEEN LICE THE DAG IDENTIFICATIO	N.I

STATE CANDIDATES NOTE: If A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	ID# CK#	Unitemized Receipt		2.50	
09/03/04	CK#	Unitemized Receipt		2.50	
09/17/04	ID# -	Unitemized Receipt		2.50	
10/01/04	1D# CK#	Unitemized Receipt		2.50	
07/23/04	CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
08/06/04	ID#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
08/20/04	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
09/03/04	ID#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
09/17/04	ID#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
10/01/04	ID#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
	<u> </u>		SUB-TOTAL	\$ 25.00	

SUB-TOTAL	\$ 25.00
TOTAL (if last page of this schedule)	\$

		4	
Page	37	of	44
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SCHEDULE

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(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE		
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BO AMENDING FOR		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
07/23/04	CIK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
08/06/04	ID#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	a.
08/20/04	ID#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
09/03/04	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
09/17/04	ID#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
10/01/04	1D# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID# CK#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 19.00

TOTAL (if last page of this schedule) \$

Page	38	of	44
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^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
CHEC AME	CK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

TDATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID#	Unitemized Receipt		1.00	
07/23/04	CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
08/06/04	CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
08/20/04	ID#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
09/03/04	CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
09/17/04	CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
10/01/04	ID#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
07/23/04	ID#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
08/06/04	ID#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
<u></u>		•	SUB-TOTAL	\$ 21.00	• •

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

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TOTAL (if last page of this schedule)

(including candidate's personal funds)

	CUECK THE DOV IS
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
08/20/04	1D# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
09/03/04	1D# CIK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	a.
09/17/04	CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
10/01/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
07/27/04	ID#	Verizon Good Government Club - Tx 816 Congress Ave., Suite 1500 Austin, Tx 78701		1,250.00	
07/23/04	ID#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	:
08/06/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
08/20/04	ID#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
09/03/04	CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
09/17/04	ID#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
			SUR TOTAL	ė 1 202 00	

SUB-TOTAL	\$	1,282.90
TOTAL (if last page of this schedule)	\$.	

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SCHEDULE

Α

(Rev. 06/97)

MONETARY

RECEIPTS

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS
CHEC AME	CK THIS BOX IF INDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
10/01/04	CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
07/23/04	ID# CK#	David L. Weaver 179 Walmut Road Grinnell, Ia 50112		2.50	
08/06/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
08/20/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
09/03/04	ID# CK#	David L. Weaver 179 Walmut Road Grinnell, Ia 50112		2.50	
09/17/04	ID#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
10/01/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
07/23/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
08/06/04	ID#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
08/20/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
			SUB-TOTAL	\$ 34.98	

SUB-TOTAL \$ 34.98

TOTAL (if last page of this schedule) \$-

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^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)	(NEV. 00/97) NECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) VERIZON IOWA STATE GOOD GOVERNMENT CLUB	CHECK THIS BOX IF AMENDING FORM
CTATE CANDIDATES NOTE: IE A CONTRIBUTION IS DECEIVED EDOM A STATE PAC (POLITICAL ACTION	COMMITTEE) LIST THE PAC IDENTIFICATION

NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√IF FOR FUND- RAISER INCOME
09/03/04	ID# CIK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
09/17/04	ID#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	a.
10/01/04	ID#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
07/23/04	ID# CK#	Unitemized Receipt		1.00	
08/06/04	ID# CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	ID# CK#	Unitemized Receipt		1.00	
09/17/04	ID# CK#	Unitemized Receipt		1.00	
10/01/04	ID# CK#	Unitemized Receipt		1.00	
07/23/04	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
			SUB-TOTAL	\$ 23.50	

SUB-TOTAL \$ TOTAL (if last page of this schedule)

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SCHEDULE

^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	1
VERIZON IOWA STATE GOOD GOVERNMENT CLUB	

SCHEDULE	- 1	
Α	MONETARY	
(Rev. 06/97)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓IF FOR FUND- RAISER INCOME
08/06/04	ID#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
08/20/04	ID#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	1
09/03/04	CIK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
09/17/04	ID#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
10/01/04	1D# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
07/23/04	ID#	Unitemized Receipt		1.00	
08/06/04	CK#	Unitemized Receipt		1.00	
08/20/04	ID#	Unitemized Receipt		1.00	
09/03/04	1D# CK#	Unitemized Receipt		1.00	
09/17/04	ID#	Unitemized Receipt		1.00	
			SUB TOTAL	è 17 F0	†

SUB-TOTAL \$ 17.50

TOTAL (if last page of this schedule) \$-

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^{*}Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

(including candidate's personal funds)	(Rev. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF ENDING FORM
VERIZON IOWA STATE GOOD GOVERNMENT CLUB		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THHE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP TO CANDIDATE* (if applicable)		NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP TO CANDIDATE* (if applicable) RECEIVED		NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP TO CANDIDATE* (if applicable) RECEIVED		NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP TO CANDIDATE* (if applicable)		TO CANDIDATE* RECEIVED (if applicable)	
10/01/04	110#	Unitemized Receipt		1.00							
	CIK#										
			-								
					z						
			,								
	}										
			}								
			SUB-TOTAL	\$ 1.00	• 🖝						

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

Page	44	of	44
1 446		01	77

\$ 2,442.68

TOTAL (if last page of this schedule)

SCHEDULE

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY

(Rev. 09/97) EXPENDITURES

X CHECK THIS BOX IF

AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE '~(DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/14/04	ID# CR# 00125	Anne Boyle 420 S. 11th Street Omaha, NE 68508	Public Service Commission General 2004/ne Political Contribution	500.00
09/17/04	ID# CK# 00128	The Carroll Committee Denny Carroll 244 400 Th Avenue Grinnell, Ia 50112	State House/legislature/rep General 2004/ia Political Contribution	200.00
08/26/04	1D# CX# 00123	Davitt for House Mark Davitt 611 W Ashland Indianola, Ia 50125	State House/legislature/rep General 2004/id74 Contribution	50.00
09/14/04	110# CX# 00126	Dearden for State Senate Committee 3113 Kinsey Avenue Des Moines, Ta 50309	State Senate General 2004/ia Political Contribution	50.00
09/17/04	1D# 6038 CX# 00134	Praise for Senate Bugene Praise Rt. 1 Ft. Madison, Ia 52627	State Senate General 2004/sd50 Political Contribution	200.00
09/17/04	ID# CK# 00137	Friends for Dix P O Box 220 Shell Rock, Ia 50670	State House/legislature/rep General 2004/ia Political Contribution	500.00
09/14/04	ID# CR# 00124	Gerald Vap-public Sevice Commissioner 1200 North Street Omaha, NE 68508	Public Service Commission General 2004/ne Political Contribution	500.00
09/17/04	ID# 586 CK# 00133	Gipp for Representative Committee Chuck Gipp 212 High Decorah, Ia 52101	State House/legislature/rep General 2004/ia031 Political Contribution	200.00
-			SUB-TOTAL	\$ 2,200.00
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page ____1 of ____3

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

MONETARY

(Rev. 09/97) EXPENDITURES

X CHECK THIS BOX IF AMENDING FORM

SCHEDULE

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

10 10 10 10 10 10 10 10	AMOUNT EXPENDED	PURPOSE (DESCRIBE TRANSACTION)	NDIDATE NUMBER applicable) ND PAC CHECK IUMBER NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE (Disbursement)	DATE EXPENDED (MM/DD/YR)
CK# 213 7th Street NW Contribution	200.00	General 2004/ia-	Michael Gronstal 220 Bennett Ave	09/17/04
9098	50.00	General 2004/ia	Geri Huser 213 7th Street NW	08/26/04
Stewart Tverson 3020 Dows- Williams Road Dows, Ia 50071 10/11/04 ID# Jacobs Committee 808 58th Street CK# West Des Moines, Ia 52339 09/17/04 ID# Kibbie for Senate P O Box 190 CK# General 2004/ia CK# General 2004/ia Political Contribution 09/17/04 ID# Kibbie for Senate P O Box 190 CK# General 2004/sd04 Political Contribution 08/26/04 ID# Lundby for Iowa Senate Mary Lundby CK# PO Box 563 O0122 08/18/04 ID# Committee to Elect Matt McCoy State Senate Contribution State Senate General 2004/ia Contribution State Senate General 2004/ia Contribution State Senate General 2004/ia Contribution O8/18/04 ID# Committee to Elect Matt McCoy State Senate	500.00	General 2004/ia	9098 345 Whitmer Parkway Des Moines, Ia 50310	10/04/04
State Senate Stat	200.00	General 2004/ia005	Stewart Tvenson 3020 Dows- Williams Road	09/17/04
P O Box 190 Remetaburg, Ia 50536 O8/26/04 ID# Lundby for Iowa Senate Mary Lundby FO Box 563 Merion, Ia 52302 O8/18/04 ID# Cx# Cx# Cx# Cx# Cx# Cx# Cx# Cx# Cx# C	200.00	General 2004/ia	808 58th Street West Des Moines, Ia 52339	10/11/04
Many Lundby CK# PO Box 563 Contribution 00122 Marion, Ia 52302 08/18/04 ID# Committee to Elect Matt McCby State Senate	200.00	General 2004/sd04	PO Box 190 Emmetaburg, Ia 50536	09/17/04
	50.00	General 2004/ia	Mary Lundby PO Box 563	08/26/04
OC# 4720 Woodland Ave. Political Contribution 00120 Des Moines, Ia 50320	100.00	General 2004/sc31	Matthew McCoy 4720 Woodland Awe.	08/18/04
SUB-TOTA	\$ 1,500.00	SUB-TOTAL		

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	2	οf	3
1 446	~	\sim	

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE		
В	MONETARY	
(Rev. 09/97)	EXPENDITURES	
X CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE ~ (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/27/04	1D# CX# 00118	Murphy for State Representative Patrick Murphy 155 N Grandview Ave. Dubuque, Ia 52001	State House/legislature/rep General 2004/ia028 Contribution	100.00
09/17/04	1D# CK# 00136	Palmer for State Representative 114 First Ave. E Osksloosa, Ia 50635	State House/legislature/rep General 2004/ia Political Contribution	50.00
07/27/04	00178 CX# TD#	Paul Bell for State Representative 611 E. 17th St. N. Newton, Ia 50208	State House/legislature/rep General 2004/ia Contribution	100.00
09/17/04	1D# CK# 00135	Putney for Senate John Putney 1365 170th Street Gladbrook, Ia 50635	State Senate General 2004/sd20 Political Contribution	100.00
09/17/04	1D# CX# 00131	Republican Party of Iowa 521 E. Locust Street Des Moines, Ia 50309	State Political Party General 2004/ia Political Contribution	500.00
09/14/04	ID# CK# 00127	Rod Johnson 1200 North Street Omaha, NE 68508	Public Service Commission General 2004/ne Political Contribution	100.00
-			SUB-TOTAL	\$ 950.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	3	of	3

4,650.00

TOTAL (if last page of this schedule) \$